



U.S. Department of Transportation
Federal Aviation Administration

INSPECTION AND SURVEILLANCE RECORD

Revised 10/18/99

1. WORK ACTIVITY		2. UNITS	3. HOURS
Enroute Inspection - FAA Form 8430-13			
4. NAME AND ADDRESS OF CARRIER, OPERATOR, AIRPORT, AGENCY, OR AIRMAN OPERATOR: _____ City & State: _____ Pilot: _____ Flt. #. _____ Date: _____	5. CERTIFICATE NO. OR AIRCRAFT REG. # N _____ Type A/C _____ (Explain in item 8)	6. RESULTS	7. FURTHER ACTION REQUIRED
		Satisfactory	NO
		Unsatisfactory (Explain in item 8)	Yes (Explain action in item 8)

Findings/Recommendations:

1. Dep: _____ Arr: _____ Dep: _____ Arr: _____ Dep: _____ Arr: _____
2. Pre-departure check of aircraft _____
3. Airworthiness Certificate. _____ Registration Certificate. _____
4. Line Maintenance/Ground Handling. _____ Fueling: _____

5. Cabin Inspection:		
5a. Briefing Cards	5b. Seat Belts	
5c. Fire Extinguishers	5d. First Aid Kits	5e. Megaphones
5f. Floatation Devices	5g. Pyrotechnic Devices:	5h. Placards:
5i. Emergency Lights	5j. PA/Interphone:	5k. ELT/BATT:
5l. Exits:	5m. Oxygen:	5n. No Smoking/Seat Belt Lights:

6. COCKPIT INSPECTION:		6A. Crew Shoulder Harness: _____	6b. CVR _____
6c. Instruments: _____	6d. Placards: _____	6e. Manuals: _____	6f. Spare Fuses: _____
7. Reviews: _____	7a. Logbook: _____	7b. Deferred Log: _____	7c. MEL: _____
8. Did Crew Use Checklist: _____ Sterile Cockpit: _____			
9. Did Aircraft Systems Operate Normal: _____			
10. Did Crew Record Discrepancies in Logbook: _____			

COMMENTS:

	OPERATIONS	DATE:	REGION AND DISTRICT OFFICE	INSPECTORS SIGNATURE
	MAINTENANCE			
	AVIONICS			
			FSDO	